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I.

AMAUROSIS.

From the Medico-Chirurg. Review.

THE following remarks are chiefly on the exhibition of strychnine in that formidable malady, amaurosis. It is a remedy which is now in some vogue, not only with oculists, but with physicians also, in the palsy-cases of middle and advanced age, whether the affection be of the retina or of one side of the body, of a solitary muscle or a large portion of the material frame. The very nature of these cases—we mean their connexion with advanced life, and their dependence on the wear and tear of the machine—precludes the hope of any remedy or class of remedies proving extensively and permanently useful. Medea's cauldron would suit such cases, but short of the youth-restoring drug of the enchantriss, there is nothing, alas! that will give elasticity to the withered sinew,—plumpness and vigor to the wasted muscle,—or the finely-tuned sensibilities of adolescence to the palsied nerve. Nevertheless, there are, undoubtedly, some cases of palsy and amaurosis—we fear they are fewer than is imagined—that are benefited by the exhibition of the strychnine, or stimulating medicines of that class. The discrimination of these must be a matter of experiment and experience. We will give the results of Mr. Middlemore's.

“If a patient has overworked the eye by long-continued action, confined to the inspection of objects of the same color and description, an enfeebled condition of retina (just as we produce an exhausted state of muscle by over-exertion) will take place. If a man subject his eye to an unnatural stimulus, by looking for many hours daily at bright substances of the same or nearly the same color,—or to sudden transitions from an artificial glare to comparative darkness (as miners),—or to a diminished stimulus, as by working in dark rooms, or places imperfectly supplied with light,—or to any cause allowing the visual textures of the eye to remain, for a long period, in a state of inactivity, as takes place where large opacities of the cornea, and fully-formed cataract exists,—the power of the retina will be partially destroyed—its susceptibility to the stimulus of light diminished; but in none of these cases will there be found any structural change in the retina or the optic nerve, any congestion of vessels, or any discoverable alteration from a healthy and natural condition: nor will the system, in all probability, be found affected; no altered state of health sufficient to account for the dimness of vision, will be found to exist. At some kinds of employment it is necessary for the individual to work with the head bent forwards, declining, or the body so distorted as to favor

the too liberal flow to the eye, and retard its return,—inducing what is termed congestion: a distended state of vessels, unfavorable to free and active circulation; a condition of eye which is also frequently induced by the investigation of minute objects by the aid of powerful glasses. Loss or diminution of the power of vision sometimes comes on from certain causes which diminish the vigor of the constitution generally—as, for instance, after profuse salivation, long-continued suckling, menorrhagia, &c. In all these cases, I believe, the strychnine is calculated to produce great and permanent advantage, in combination, of course, with other remedies suited to the particular exigences of the case,—for example: if the retina be weakened in consequence of diminished vigor of the system, remedies adapted to strengthen the system, and a removal of the cause enfeebling it, might be joined to the local application of the remedy in question. But the power of the retina will not always return with the returning strength of the system;—in such cases the strychnine is singularly valuable, producing, with wonderful rapidity, the restoration of the organ of vision. Strychnine, given internally, does not produce the same beneficial effect as when applied externally. The mode of using it is already before the profession. After having tried it in a variety of ways, and in different situations, I have not been able to discover a better method than that of blistering the skin above the eyebrow, and, after having carefully removed the cuticle, I sprinkle the powder upon the raw surface, taking care to pass a spatula upon the part so sprinkled, to secure it against re-

moval and ensure its absorption: a piece of lint, not greased, should afterwards be bound upon the part. The quantity with which I generally commence is the twelfth of a grain upon each side, daily augmenting the quantity, as the patient is able to bear it, to two thirds of a grain upon each blistered surface. Its first effects are—slight pain in the head, increased power of vision, and severe smarting pain of the part upon which it is applied. Some patients cannot bear its application; others require great care, and a very gradual augmentation of the quantity to enable them to bear it; whilst others will admit of its application without experiencing any other uneasiness than what arises from its action upon the sore. It is not necessary, I presume, to detail cases in support of my views; such a plan would greatly extend my observations, which I have been studiously anxious to limit.—I will now, for a short time, draw the attention of your readers to those cases in which the employment of this remedy would be useless or injurious. If the amaurosis be dependent on any morbid condition of the brain; any alteration of the bony structure; any tumor or other substance pressing upon the optic nerve, the effects of former inflammation, such as opaque deposition or partial disorganization, the effusion of blood or morbid growths, the enlargement of the vitreous or displacement of the crystalline humor, producing pressure upon the retina; a varicose state of vessels, as a consequence of distension so continued as to impair their tonic and elastic properties; inflammation of, or disease of, those parts encased by, or anterior to, the retina,—no be-

nefit could be expected to result from the use of strychnine ; but, on the contrary, in many of the cases, material injury might succeed its employment."

We certainly have not seen that benefit from strychnine in general palsy, which some authors would lead us to believe was frequently obtained by it. Mr. Guthrie has been testing its powers in amaurosis, but without any great success. Mr. G. has laid the results before the profession.

II.

USE OF OIL OF TURPENTINE IN NEURALGIA. BY M. RAYER.

From the London Med. and Phys. Journ.

SINCE the appearance of M. Martinet's observations on the employment of oil of turpentine in cases of neuralgia, and especially in sciatica, various practitioners have had recourse to this remedy with success. The following cases show the utility of turpentine in these always painful, and too frequently perplexing maladies.

CASE I.—A man, aged sixty-six, was admitted into the Hôpital St. Antoine, in May, 1829, with the ordinary symptoms of intense facial neuralgia of the right side. The disease had existed for twelve years, and it first appeared after the suppression of a rheumatic affection of the right arm, which had lasted fifteen months. The patient had been in several hospitals, but, in spite of the treatment that had been practised by different eminent physicians, the lancinating pains in the face were not relieved. Leeches and blisters to the cheek, general bleeding, acupuncture, the extraction of four

teeth, valerian, extract of belladonna, had all proved of no avail. The facial nerve had been divided, but, of course, without any benefit.

When the patient entered the hospital of St. Antoine, he was suffering the most dreadful torments. The pain was seated deep in the orbit, in the temporal fossa, in the superior alveolar process, and in the sub-orbital region. Sometimes it darted over the whole of the right side of the face, while at other times it was confined to a well-marked line in the track of one of the branches of the affected nerve. It attacked by paroxysms, which lasted from one to ten minutes. Several paroxysms occurred during each day, and their frequency appeared to be increased when the patient had either eaten or spoken often. When the attack was very severe, the integuments under the eye were wrinkled, the muscles of the face were convulsively contracted, the secretion of tears very abundant, and sometimes the jaws were violently and suddenly closed. In this state the patient was neither capable of speaking, nor of attending to what was said to him. There was neither redness nor swelling of the face. Either a warm or humid temperature was much feared, but from dry and cold weather some relief was obtained.

M. Rayer advised the application of an opiate plaster, which was renewed several times a day, without any benefit.

June 2d.—He commenced with half a drachm of oil of turpentine in a mixture, and the dose was gradually increased to two drachms. Each day the relief was evident, and on the twelfth from the commencement of the remedy, the pains were considerably diminish-

ed, and the attacks much less frequent.

15th.—As the stomach and bowels appeared to be irritated by the turpentine, it was omitted, and tartar-emetic ointment was directed to be rubbed in upon the cheek for one week.

25th.—The attacks have been repeated with increased violence. The oil of turpentine was again given, and in five days each dose was one drachm and a half. The patient was again decidedly relieved, but, as his stomach would not bear the remedy, it was unwillingly discontinued; and during the following days half a grain of tartar emetic was occasionally given in pills, which produced vomiting.

July 15th.—The patient was anxious to leave the hospital, as he was so much better. He had now but three or four slight attacks in forty-eight hours, and when he was admitted, he had twenty-five or thirty very violent paroxysms in the same space of time.

On the 17th of August, he was again admitted. The pains were now as frequent and severe as at first. Again the turpentine was administered with much advantage, but, from the idiosyncrasy of the patient, it could not be continued. From various other remedies no further relief was obtained, and the man left the hospital to go into the country.

CASE II.—January 16th, a woman, *ætat.* forty-four, was admitted. She had been much exposed to bad weather, and, after a wandering rheumatic affection, was now laboring under very severe sciatica. During twelve days camphor pills were given, but,

after a temporary relief, the pain returned with increased violence. She was bled to the amount of fourteen ounces, and one hundred (!) leeches were applied at two different times upon the course of the affected nerve. No permanent relief was obtained. Blisters were applied to the great trochanter and the head of the fibula, but the suffering of the patient appeared to be augmented.

February 7th.—Twenty-four drops of oil of turpentine were given in a julep, and continued each day until the 14th, and the disease was completely cured. From the 10th, the patient was quite relieved from pain, and her general health was much improved. Neither the stomach nor bowels suffered from the use of the remedy.

III.

CASE OF IMPERFORATE VAGINA—OPERATION—DEATH, WITH THE DISSECTION.*

FRANCES BAKER, *æt.* 14, of a precocious appearance, was admitted a patient of the Lowestoft Dispensary on the 7th of July, complaining of violent paroxysms of pain in the abdomen and loins, shooting down the thighs, and with occasional difficulty in passing her urine. In the hypogastric region was discovered a circumscribed elastic swelling, rising above the brim of the pelvis, which she described as having progressively increased for the last three months. From the situation and feel of the tumor, Mr. W. was led to suspect some uterine dis-

* Reported for the Medico-Chirurgical Review, by Mr. W. C. Worthington.

ease existed; and upon endeavoring to make an examination *per vaginam*, to satisfy himself on that point, he was surprised at an irresistible impediment to the introduction of the finger. On a more accurate investigation, the orifice of the vagina was found to be preternaturally and effectually closed by a firm adhesion of the parts.

Medical treatment having failed to afford her any relief, it became apparent that the swelling and pain were owing to the uterus being distended by the retained menstrual fluid. This opinion was farther confirmed by an examination *per rectum*, through which a tumor was perceptible, possessing a distinct fluctuation, and descending towards the perinæum.

The operation consisted in carefully dividing with a scalpel a dense cellular structure, of about half an inch in thickness, situated at the orifice of the vagina. A thin membranous expansion, being left, was then punctured with a lancet, which gave exit to about a pound of dark-colored fluid. The swelling immediately disappeared, and the girl expressed herself relieved. A sponge-tent, well oiled, was inserted, and retained between the divided parts.

The third day after the operation, severe pain in the abdomen, with exquisite tenderness, supervened, together with excessive irritation. Notwithstanding a strict antiphlogistic plan of treatment was adopted, the patient died the following morning.

On examination after death, the peritoneum was found to have been generally affected with inflammation; various gangrenous spots were presented to view,

also a considerable quantity of lymph was effused, causing adhesion of the convolutions of the bowels. The uterus was nearly of its ordinary size, but the vagina was dilated into a pouch, contracted towards its orifice, capable of holding a pint and a half of fluid. Its parietes were much thickened, and of a semi-cartilaginous structure.

Professor Langenbec* relates a similar case, in which death took place the fifth day after the operation; and attributes the tendency to inflammation to the long retention of the menses. He therefore very judiciously advises the operation never to be delayed when the true nature of the complaint is discovered; an opinion worthy of attention, inasmuch as some surgeons have considered all interference as improper, until such time as the tumor shall have attained a large size, grounding their opinions upon the principle that it may then be punctured with more facility.

If the professor's views on the subject be correct, the practice of an early operation, in cases of imperforate vaginæ, cannot be too strongly enforced; and the reporter cannot but be inclined to believe that the unfortunate issue of this case has contributed to verify the truth of them.

IV.

CASE OF EXOSTOSIS TREATED WITH MERCURIAL FRICTION AND TURPENTINE.

ANN ROGERS, æt. 20, admitted into the Westminster Hospital July 15th, 1829, under Mr. Guthrie, with swellings on the shin-

* Langenbec's Bibliothek, Vol. IV., pt. 3.

bone of the left leg. She is a tall and tolerably healthy-looking woman; her face seems rather to express a scrofulous habit.

She states that about four years ago she caught a very severe cold. She was menstruating at that period, and the cold affected her very violently: she had pains in her head and back; her whole body swelled, and more particularly her legs, which pitted on pressure of the finger. She has never been quite well since that time;—she is very positive in her assertion that she has never had any syphilitic affection. She is unmarried, and lives as a servant. It nevertheless appears probable, from collateral circumstances, that there may have been some such cause for the swellings on her shin-bone. She suffers from continual pain down the tibia of the left leg, which increases in violence at night. It is about seven years since the catamenia commenced, and they have appeared at regular periods ever since. She attributes these swellings to having struck her leg against the stairs about the time when she first perceived them. She now complains of severe pain in the head and the shin of the left leg; pulse regular, 88 in the minute; tongue clean; bowels tolerably open.

R. Hyd. Subm. gr. ij.

Pulv. Rhei, gr. xij. ft. pulv. bis in die sumend.

July 19th.—For the last three nights, three leeches have been applied on the swellings with some little benefit. Mr. Guthrie has ordered the following mixture:

R. Ol. Terebinth. 3ss.

Mucilag. q. s. ft. haust bis in die sumend.

23d.—She complains of the medicine affecting her head. She is ordered the following plaster, to be kept constantly applied over the tibia:—

R. Ung. Hyd. Fort.

Ext. Belladonnæ, aa 3i. ft. empl.

27th.—She thinks she is worse since the application of the plaster, and that she felt more relief from the leeches than anything else; she still complains of her head. Pil. Hyd. c. Col. gr. x. hac nocte—Haust. Aperiens cras mane.

August 12th.—She has been rubbing in during the last ten days, and continues her medicine (turpentine) without much apparent benefit.

Aug. 29th.—She continues the mercurial friction; the lumps appear rather increased in size; complains of great pain in her head. C. c. nuchæ ad 3x.

Sept. 10th.—No change; mouth not sore yet. Cap. pil. hyd. gr. v. o. n.

Oct. 4th.—The gums are very slightly affected. The leg is much better; but though the mercury has not made her mouth sore, its deleterious effects on the constitution are evident; she is pale, thin, and out of health. She is ordered to discontinue rubbing in, pills, &c.

15th.—Since she has desisted rubbing in, she has complained of some slight return of pain in her shin-bone.

20th.—Ordered a belladonna plaster to the left leg.

24th.—Complains of great pain in her head. C. c. nuchæ ad 3viii.

28th.—Her leg is in less pain; the cupping relieved her head.

Nov. 2.—Much the same.

R. Ol. Terebinth. 3i.

Tinct. Lyttæ M. x.

Mucilag. Gum Acac. 3i. ft. tinct.
bis in die sumend.

9th.—The medicine produces great irritation in the urinary organs, but her head is not much relieved; belladonna plaster has been renewed.

10th.—Pain in the head very great. C. c. nuchæ ad 3x.

16th.—Irritation excited in the urinary organs has increased; she says she has passed blood; her head is much relieved.

27th.—Severe pain in her head has returned from time to time, but upon the whole she is evidently much relieved. The tibia is much smoother, and free from pain.

25th.—She left the hospital today at her own desire.

This is evidently one of those cases in which mercury, in whatever doses it may be employed, or however varied may be the mode of application, will not produce salivation. That it affected the constitution was, however, apparent, and her health, after a time, declined rapidly, until its use was discontinued. She seemed, at last, much benefited by the turpentine combined with the tinct. lyttæ.—*Ib.*

V.

A CASE OF THE SUCCESSFUL EMPLOYMENT OF THE RHUS TOXICODENDRON IN PARALYSIS.

By JOHN EBERLE, M.D., &c. &c.

Miss O., aged about 47, of a spare habit of body and nervous temperament, was suddenly seized, on the 17th of June, 1827, with vertigo, nausea, great debi-

lity, and total loss of voluntary motion in the whole left side of her body. I saw her an hour after the commencement of the attack, and found her with a pale and anxious countenance; a small, rather tense, and quick pulse; pupils contracted; skin of the natural temperature on both sides; and remarkably loquacious, though incapable of distinct articulation. The sensibility of the affected side was not in the least degree impaired. There was not the slightest somnolency,—on the contrary, an almost constant wakefulness tormented the patient for many days. I prescribed, at first, an active mercurial purgative, which operated very freely; frictions with strong tincture of capsicum, and cupping along the spine and back of the neck. Blisters were afterwards applied to the wrist and ankle of the affected extremities. I continued this treatment, with an occasional laxative, about ten days, without deriving the least advantage from it. I then prescribed the saturated Tincture of the *Rhus Toxicodendron*, in doses of forty drops three times daily. On the third day after commencing with this remedy, strong involuntary starts of the muscles of the affected side occurred, and on the following day the muscles of the fingers were under the command of the will. Under the employment of this medicine, without any other remediate measures, the empire of volition gradually extended itself, until, in the course of about ten days, the muscles of the affected arm were fully under its command.

The muscles of the leg, however, still remained inobedient to the calls of the will. The use

of the tincture of *rhys* was now discontinued, and frictions, mustard seed internally, and blistering along the lower part of the spine, again resorted to. At the end of eight days, the patient's condition was not in the least improved. The tincture of *Rhus* was therefore resumed, in doses of forty-five drops thrice daily. In the course of four days from the resumption of the medicine, strong involuntary contractions of the affected limb again ensued; and in a few days more, the patient could slightly move the thigh on the hip: but over the motions of the leg, ankle and toes, she had not the least command. In a very short time, however, she found herself able to move the whole limb; and she is now (August 7th) capable, with a little aid, to walk in her chamber. She experiences daily a manifest increase of muscular power in the leg. The powers of the arm are completely restored.

It is somewhat singular that the return of voluntary motion in the upper extremity commenced in the joints of the fingers, and was gradually extended upwards to the shoulder; whereas, in the lower extremity, voluntary motion was first manifest in the power of moving the thigh on the hip, then successively passing downwards,—the ankle and toes remaining longest in a paralytic condition.

The *Rhus Toxicodendron* is by no means a novel, although at present an almost wholly neglected, remedy. Dufresney, Kruger, Elz, Alderson, Horsefield, and others, have adduced much evidence of its remediate powers in paralysis. Besides the case related above, I have seen another instance of its usefulness in this

affection. From a letter which I received from Professor Osann, of Berlin, I learn that in Germany this medicine has, within the last three or four years, been employed with marked success in paralytic affections.—*Western Journ.*

VI.

EFFECTS OF LARGE DOSES OF TARTAR EMETIC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is remarked by Dr. Beck and others, that a large dose of tartar emetic, retained in the stomach, is as sure a poison as arsenic or corrosive sublimate; and this seems to be confirmed by the case in the Edinburgh Medical Essays, Vol. I., p. 35, entitled "*The bad Effects of Opium given too soon to stop the Operation of Emetics.*" To arrest the action of the stomach and bowels by strong anodynes, when forcibly excited by large doses of tartar emetic, is to disarm Nature of her only means of dislodging and expelling an enemy, already at war within the system.

The principal reason why arsenic and corrosive sublimate are more deleterious than antimony is, that they act fatally, as it were, upon the coats of the stomach and bowels, before they excite emesis or catharsis; whilst antimony excites one or both of these actions immediately, and thus causes its own expulsion. Hence large doses of it are sometimes taken without any serious consequences, whilst the other articles always produce injury proportioned to their quantity. I shall mention a case or two on the effects of antimony, taken

from Orfila, and add some that came under my own observation.

1.—A Jew, by mistake, took twenty grains of tartar emetic in the morning fasting. Severe pain in the region of the stomach ensued, followed by excessive vomitings of bilious matter and aqueous dejections. There was great prostration of strength, paleness, reduction of the pulse, and cramps of the legs. By the use of proper remedies, the violent symptoms subsided, leaving debility and painful digestion.

2.—Another individual took twenty grains for the purpose of poisoning himself. He soon experienced a burning in the epigastric region, accompanied by convulsive movements and a loss of his senses. In ten minutes after, he was carried to the Hôtel Dieu, where large quantities of a decoction of bark were immediately administered. The skin was cold and clammy, the breathing a little short, the pulse small and concentrated, and the epigastric region a little tumefied and very painful; hiccough frequent, but no vomiting. "The symptoms gradually diminished in violence, after taking the bark, and in two hours copious stools occurred, and continued several hours. On the next day, he vomited several times, and gastric symptoms were present for a week, but were removed by the usual remedies." The difference in violence of symptoms, between this and the foregoing case, seems referable to the longer retention of the medicine in the stomach.

3.—In 1813, while attached to the U. S. Squadron on Lake Erie, I suffered, in common with the crews, with a slight bilious remittent, and, while convales-

cent, drank daily of *cremor-tartar punch*, as I called it,—made by dissolving a tablespoonful of cremor tartar in sweetened water, and adding a tablespoonful of brandy. On my return one afternoon, after an hour or two's absence from the ship, I found our three ward-room servants missing, and, after some searching, discovered them in a remote part of the ship, unable to stand, and scarcely able to speak. There was abundant evidence present of exhausting evacuations, both from the stomach and bowels, and they had a weak contracted pulse, cold clammy sweats, extreme paleness, and prostration of strength. My first questions were respecting what they had eaten or drank; which they were reluctant to answer, until assured that their lives depended on my knowing immediately—when one of them, in a faint voice, said, "Nothing, Sir, but some of your cremor-tartar punch." The bottle of cremor tartar, and others containing medicines resembling it, were brought, when they pointed to the tartar emetic, saying, "That, Sir, is the cremor tartar we took, but we drank only one teaspoonful each." This quantity, as near as I could judge, was not far from the truth. From subsequent calculation, I have not the least doubt that they took rising of forty grains each.

The lads were from sixteen to twenty years of age, and had enjoyed good health. I ordered them demulcent drinks and chamomile tea, and they recovered the next day so as to return to duty, but complained of debility, soreness in the gastric region, loss of appetite, and painful digestion, for some days. They

had contracted a fondness for ardent spirit, but the *punch* cured them of it entirely. It had all the effects, in this respect, of Chambers' medicine, with the

additional one of keeping their fingers out of the medicine chest.

Yours, &c.

USHER PARSONS.

Providence, Oct. 19, 1830.

BOSTON, TUESDAY, OCTOBER 26, 1830.

ANATOMICAL NOMENCLATURE.

WE noticed, some months since, an essay published in our Glasgow contemporary, in which the author condemned the present system of medical names as a relic of barbarism, wholly unworthy the existing state of medical science. We stated, at that time, our objections to the plan of improvement suggested, which had reference principally to the names of the muscles. In a sequel to the above article, which appears in the last number of the same periodical, the nomenclature of the joints is taken into especial consideration. At the outset, the author condemns the usual classification of these parts as being equally unscientific in its character and repulsive from the barbarous compounds employed for its genera and species. The terms affixed to the individual joints are next attacked with equal severity, and their want of propriety and of euphony rendered abundantly manifest. As a substitute for this jargon, the author proposes, in the first place, to divide all the joints into the two classes of moveable and immoveable; and, secondly, that the particular joints, whether of the first or second class, should receive their denominations from a union of the terms

which indicate the parts they connect. Thus, in the first class, we should have the occipito-parietal articulation to express what is now intended by the lambdoidal suture; while, in the second, the elbow would be known as the humero-ulnar, and the knee as the femoro-tibial, articulation.

The mere statement of the plan thus suggested, seems to prove sufficiently that it could have little advantage when applied to parts so familiar to common observation, and which cause the student so little trouble, as the moveable joints. As regards the articulations without motion, were they more numerous or more important than they actually are, a plan of this kind would, if practicable, undoubtedly be attended with benefit. Whether this or any other scheme for the improvement of medical language will ever be generally adopted, we have our doubts. Persons who have learned a science through the medium of a certain set of expressions, are always averse to a change in this respect, either in their language to each other, or in that through which they instruct their juniors. Neither the harshness of a term, the coarseness or absurdity of the allusion it conveys, nor the boldness of the metaphor by which

it is applied to its object, will readily reconcile those who have long employed it, to the substitution of any other. In some cases, the very strangeness of the name may serve to recall a more lively impression of the object; and, like the sonorous appellation of some Roman or Grecian hero, may bring back to our recollection an assemblage of qualities, which a long description would be requisite to specify. At all events, experience has proved that the change of terms, whether popular or technical, which have been long in use, is beyond any ordinary exertion of force or persuasion.—Every one acknowledges the advantages of an uniform ratio of weights and measures; yet in France, when denominations founded on this plan were ordered to be substituted for those actually in use, it was found impossible to effect their general adoption. Again, every astronomer allows the absurdity of the names now given to the constellations; yet a new map of the heavens has never been attempted, and, should it be, would probably meet with very little favor. And, to return to our own science, notwithstanding all the efforts which have been made to introduce a new and improved system of nosology, diseases continue to be called, not only in popular use, but in the intercourse of physicians, by the same familiar terms which were applied to them by our ancestors two centuries since. *Tantum de medio sumptis accedit honoris.*

In fact, almost the only successful attempt of this kind with which we are acquainted, was the celebrated

effort of the French chemists to introduce a new nomenclature of that science founded on philosophical principles. The adoption of this plan has indeed been as general as its conception was beautiful and ingenious. But before we count on a similar revolution in medical language, we should consider the situation of the science itself. At the time that Lavoisier proposed his nomenclature, chemistry was in its infancy. Those researches had then just commenced, which have multiplied nearly tenfold the number of its known elements, and, in a still greater proportion, the compounds to which the new system proposed was intended to apply. As respects the new discoveries, there were, of course, no prejudices to contend with, no habits to combat; and being added to the science under the dominion of the new system, they were, without difficulty, made to conform to its laws. But, in anatomy, there exist none of these unexplored regions to investigate—no new fields of observation to be traversed. The objects which it embraces, if increased at all, will be so by such minute additions as can have no influence on the plan in question. One mucosopic muscle discovered every century, would do but little towards establishing a new principle of anatomical nomenclature; and that the existing language of books and of conversation can at once be exchanged for a new set of terms, however convenient in themselves, is a supposition unwarranted either by reason or experience.

YELLOW FEVER IN 1829.

A REPORT on the progress of this disease and the scenes of its principal ravages during the past year, was recently rendered to the superior council of health in France by one of its members. The following abstract of this memoir will be found to contain some interesting facts, though the views advanced by the author in regard to the propagation of the disease are by no means unexceptionable.

It appears that, during this year, the extent of the ravages of the yellow fever in America was less than the usual average.

In Martinique, the fever of 1828 continued in a degree during the winter, notwithstanding the change of temperature; and even in the month of March, it attacked some soldiers who had recently arrived. Soon, however, it ceased, and did not reappear, either there or in Guadeloupe, during the rest of the year, although the extreme heat and accompanying evaporation, which are reported its usual causes, might be supposed abundantly adequate to its production.

The Great Antilles did not enjoy the same exemption. The fever existed at Portroyal, in Jamaica, from the month of April. During the ten first days of May, it destroyed thirty seamen on board the *Magnificent*: an English vessel, in that harbor. In July, it raged among the merchantmen in the port of Havana, and the hospitals of that city contained a large number of patients who had been attacked with it.

At the same period, however, the island of Porto Rico, which is but a short distance from Cuba, and is subjected to the influence of the same climate and to physical agents precisely similar, continued free from fever. Dr. Oller, a Spanish physician, and one of the most experienced practitioners of the colony, declared, in a memoir communicated to the official authorities, that it was the vigilant measures adopted by the first magistrate of Porto Rico which caused the yellow fever, whenever brought into that island, to be at once extinguished, and prevented its appearing annually; whereas, at Havana, not a year passes without its destructive presence. Dr. O. affirms that this disease has uniformly a contagious character. Dr. Antiq, another distinguished practitioner of Porto Rico, maintains the same opinion. In an official paper drawn up by him, it is affirmed that before the colony had any commercial relations with the United States, the fever was unknown in the island; and whenever it has appeared, the period has coincided with that of the arrival of American vessels coming from the ports where it had prevailed.

In consequence of neglecting to adopt similar precautions, the city of New Orleans has severely suffered. As it communicated freely with the ports of the Antilles affected with yellow fever, its daily intercourse with Havana produced, in the month of August, an importation of this disease, which caused the most terrible ravages. From the period of its appearance, its malignancy was so great that it destroyed almost in-

vitably every one whom it attacked. In six weeks it carried off from 25 to 30 persons daily in the city, and the same proportion in the country. Public notice was given to all strangers and residents not acclimated, to save themselves, by speedy flight, from the fate which awaited them.

"Such," adds the author of the report, "is the disastrous result of the system adopted at New Orleans, of taking no measures to preserve public health, that, as the American Journals themselves affirm, a number equal to the whole population of the city is swept off by fever *every three or four years*. On the contrary, the populous cities of the Atlantic coast have been for many years preserved by wise regulations from this great calamity, which formerly, appearing almost every year, suspended their commerce, decimated their inhabitants, and arrested the progress of their prosperity."

MISNOMERS IN MEDICINE.

WE have frequently heard mentioned as a vulgar error, the custom which foreigners of the lowest class, especially the Irish, retain, of giving to the stomach the appellation of heart. When an Hibernian complains of an impression on the heart, the first inference that the medical tyro derives from the phrase is, that one of the ribs has been fractured, or, at least, that his patient is afflicted with severe pneumonia. Nothing can be farther from the fact. The impression on the heart signifies a sense of oppression in the stomach. *Hic opus, hic labor est.* The inac-

curacy, however, so far from being peculiar to the present period, claims a high and even a classic origin; thus affording a new proof, that, in regard to error as well as truth, there is nothing new under the sun. To him, indeed, who has recognised what he has been accustomed to consider Irish bulls in the pages of Hierocles, it will cause the less surprise to find that this now vulgar error is recorded in the language of a Greek historian and a Roman poet. Thucydides, in describing the plague of Athens, says that the disease, commencing in the head, went thence to the chest, and afterwards invaded the cardia, or heart,—by which, as is evident from the connection, he intends the stomach. Lucretius, who must unquestionably have understood the Greek, yet expresses the same fact in the same language. "*Morbida vis in cor mœstum confluxerat ægris.*"

It is also well known that persons affected with gastric disease were called by the Romans *cardiaci*, and that the term has been borrowed, in modern medicine, to signify the remedies for the same class of maladies.

DIETETICS.

AN elaborate paper was lately presented to the Academy of Medicine, by M. Piorry, of Paris, on the subject of abstinence and low diet, as connected with various circumstances of disease. M. Piorry condemns the employment of low diet in the pneumonia of old men. The cases which have fallen under his care have been treated most successfully

by a tonic regimen. In cases where tubercles are suspected to exist and phthisis is threatened, he regards abstinence and vegetable diet as equally injurious. In such cases, he recommends the employment of animal food, grounding this preference on the fact that carnivorous animals are not known to be affected with phthisis. In acute gastritis and enteritis, abstinence from food is to be enjoined; but in the chronic form of these diseases, the appetite ought to be gratified: for the fluids generated in the stomach during hunger, are more injurious to it than the introduction of any digestible substance. In complaints of the head, M. P. sets himself equally in opposition to the starving system; which he says, when carried to excess, is capable of producing megrim, convulsions, and sometimes death.

CONGENITAL DISLOCATION.

CONGENITAL dislocation of the bones forming the elbow joint is an occurrence rarely met with. Deformities of different kinds we all know to be not extremely unfrequent; few, however, of this description, are recorded in the annals of pathology. We are led therefore to notice more particularly a case which is reported to have recently occurred at the Hôtel Dieu,—the most extensive field perhaps of surgical and pathological observation in the world, and the theatre of a surgeon not surpassed for acuteness, decision or skill. In this case the upper extremity of either radius was displaced from its natural situation, and was

situated behind the inferior extremity of the humerus, above which it mounted an inch at the least. M. Dupuytren had met with a like dislocation twenty or twenty-five years ago. He was unable, in this instance, to decide whether the state of these parts was congenital or produced by some violent twisting inwards of both forearms, or was the result of disease.

CASE OF CONGESTION OF THE CEREBELLUM, WITH INVOLUNTARY WALKING BACKWARDS.

THE Chevalier D., a widower, about fifty-six years of age, of a sanguine temperament and a good constitution, was cured of a pleuro-bronchitis. Two months afterwards, on the 9th of November, he was attacked with a pharyngitis; which was combated by an application of twenty leeches to the upper and lateral parts of the neck, by emollient cataplasms, mucilaginous drinks, &c. On the evening of the 13th, he was affected with a strong flush in the face, particularly over the cheek bones; eyes brilliant, and slightly injected; pulse strong, but little increased in frequency; skin hot; sensation of distress in the occipital region, and difficulty in performing the lateral movements of the neck. In the night occurred vertigo, giddiness, and an obtuse pain in the occiput. M. D. went on his knees to evacuate the urinary bladder, and was in great danger of falling backwards; which he prevented by grasping the head of his bed. Continual and fatiguing erections continued the whole night, but without emissions. Next morning, the injection of the face had disappeared, but a similar appearance had taken place in the occiput and back of the neck, with a slight tumefaction, but no pain on pressure; pulse the same as before. M. D. experienced giddiness, but

walked a distance of about two gunshots: he was obliged to stop several times, to avoid a fall backwards, and to resist the tendency he felt to walk in that direction. He even made a step backwards, which he designed for the forward direction. When arrived at his place of destination, he again experienced giddiness, and a fresh propensity to walk backwards. He made nine or ten steps backwards, and would have fallen on his back if he had not supported himself upon a piece of furniture. The same propensity continued till his return home; when the symptoms immediately gave way before a bleeding of eighteen ounces, low diet, acidulated drinks, and a footbath with mustard. Next morning the Chevalier was quite well.

Journal de Physiologie.

Case of Croup, cured by Lobelia Inflata. By J. ANDREW, M.D.—A child, about three years old, after having had a short dry cough for about a week, was suddenly seized with all the symptoms of croup. The dyspnoea was very severe, the crowing distinct, the countenance livid, and the pulse 135. Leeches had been applied twice, and a blister to the throat, without relief; twelve minims of the tinctura lobeliae inflatae were given, and repeated in half an hour. Fifteen minutes after the second dose, vomiting of tough phlegm took place, with great relief

to the cough and dyspnoea. Next morning, the symptoms having become worse, another dose of the tincture was given, and in the evening it was again repeated. Vomiting was, in both instances, freely produced, and with much benefit. The third morning, the child was able to take some food, and in three or four days he was quite well.—*Glasgow Med. Journ.*

Excision of an Ulcer of the Scalp.

—From the London Med. and Surg. Journal we learn that at the Swansea Infirmary, a patient aged sixty years, of a bad habit, had a slow phagadenic ulcer of the scalp, near the vertex which had resisted every variety of treatment, not excepting the destruction of its surface and edges successively by the lunar and vegetable caustic, and afterwards by the knife. The surgeon (name not mentioned) then thought that if he removed a larger portion, the ulcer might heal,—he did so by shaving off the wound as closely as possible to the pericranium. After this it perfectly healed in a few weeks—under the use, first, of a poultice, and then of the black wash; occasionally an ointment of the black oxide of mercury was also employed.

PROFESSOR MUSSEY, of Hanover, is understood to be the appointed lecturer on Anatomy, at Bowdoin College, the approaching winter.

REPORT OF DEATHS IN BOSTON, THE WEEK ENDING OCTOBER 14.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
Oct. 8.	M.	6 mo	infantile		F.	14 yrs	consumption
	F.	3	unknown		F.	24	do.
	F.	9	inflammation on the brain		M.	12 mo	cholera
	M.	14	lung fever	12.	F.	31-2y	scrofula
	M.	50 yrs	do.		M.	41	intemperance
	M.	48	apoplexy		F.	12 mo	teething
	F.	2	infantile	13.	F.	15	infantile
	F.	29	consumption		M.	4 yrs	croup
	M.	32	do.		F.	23	typhous fever
10.	F.	12 mo	teething	14.	M.	36	consumption
	F.	26 yrs	unknown		F.	2 1-4	dropsy in the head
	F.	36	consumption		F.	8 mo	canker
	M.	11 mo	convulsions		M.	24 yrs	drowned
11.	M.	24 yrs	accidental				

Males, 12,—Females, 15. Stillborn, 1. Total, 28.

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July 6.

12t.

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Oct. 19.

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Oct. 15.

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July 13.

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